

CHECKLIST FOR VEHICLE TURN-IN

North Dakota Department of Transportation, State Fleet Services
SFN 50652 (Rev. 02-2001)

To Be Completed by User

Agency Turning in Vehicle		
Dept. No.		Location
State Fleet Vehicle No.		
Model Year		Vehicle Color
Vehicle Make		Vehicle Model
Pickups Only	<input type="checkbox"/> 4x2	<input type="checkbox"/> 4x4
<input type="checkbox"/> Crew-cab	<input type="checkbox"/> Short Box	<input type="checkbox"/> Long Box
<input type="checkbox"/> Chassis Only	<input type="checkbox"/> DRW	<input type="checkbox"/> Ext. Cab
<input type="checkbox"/> 3 Door	<input type="checkbox"/> 4 Door	

Prior to Vehicle Turn-in

<input type="checkbox"/> Remove All Agency Equipment
<input type="checkbox"/> Remove All Personal Items
<input type="checkbox"/> Remove All Loose Items From Inside
<input type="checkbox"/> Clean out Trunk
<input type="checkbox"/> Clean out All Pickup and Truck Boxes
<input type="checkbox"/> Wash and Clean Interior/Exterior of Trucks
<input type="checkbox"/> Windshield <input type="checkbox"/> Cracked <input type="checkbox"/> Pitted
<input type="checkbox"/> Spare Tire, Jack, Tire Wrench
<input type="checkbox"/> Tailgate on Vehicle

At Time of Turn-in

<input type="checkbox"/> All Keys
<input type="checkbox"/> Credit Card in Glove Box
<input type="checkbox"/> Owner's Manual in Glove Box
<input type="checkbox"/> License Plates on Vehicle (except Special plates)

Check Fluid Levels

<input type="checkbox"/> Oil	<input type="checkbox"/> Transmission	<input type="checkbox"/> Coolant
<input type="checkbox"/> Brake	<input type="checkbox"/> Battery	

Accessories

<input type="checkbox"/> Air Conditioner	Do All Work	
<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Power Locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Power Mirrors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Power Seats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cassette/CD/AM FM	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List Any Mechanical Deficiencies
Example - Poor Transmission - Excessive Oil Use
Name of Person Turning in Vehicle Miles/Hours/Date

To Be Completed by DOT (shop rep.)

Has Vehicle Turn-in Sheet Been Completed
<input type="checkbox"/> Yes <input type="checkbox"/> No
Note Engine Information
Gasoline _____ Diesel _____
No. Cylinders _____ Liter Size _____ C.I.D. _____
Transmission Type
<input type="checkbox"/> Automatic <input type="checkbox"/> Std. <input type="checkbox"/> 3 sp. <input type="checkbox"/> 4 sp. <input type="checkbox"/> 5 sp.
<input type="checkbox"/> 2 sp. Differential or Other
List Rear Axle Ratio -.7 Ton and Larger Vehicles
Tire Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
List Repairs Made to Vehicle
List Any Noted Interior/ Exterior Damage
Name of Person Receiving Vehicle Miles/Hours/Date
